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CONFIRMATION NO. 6363

<b>SERIAL NUMBER</b> 10/783,401	<b>FILING or 371(c) DATE</b> 02/20/2004 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3738	<b>ATTORNEY DOCKET NO.</b> PA-5243-DIV	
<b>APPLICANTS</b> Wolf Stelter, Bad Soden, GERMANY; Michael Lawrence-Brown, Floreat, AUSTRALIA; David Hartley, Subiaco, AUSTRALIA; <b>** CONTINUING DATA *****</b> This application is a DIV of 09/808,251 03/14/2001 PAT 6,695,875 which claims benefit of 60/189,114 03/14/2000 and claims benefit of 60/202,468 05/08/2000 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 05/14/2004					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <i>[Signature]</i> Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWINGS</b> 9	<b>TOTAL CLAIMS</b> 11	<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> Richard J. Godlewski Patent Attorney P.O. Box 2269 Bloomington, IN 47402-2269 UNITED STATES					
<b>TITLE</b> Endovascular stent graft					
<b>FILING FEE RECEIVED</b> 1072	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		